

**STATE FARM INSURANCE
REPAIR AUTHORIZATION AND DIRECTION TO PAY**

Vehicle owner's name: _____

Vehicle description: _____

Year Make Model VIN

State Farm Claim Number: _____ Date of loss: _____

Deductible amount: \$ _____ Date verified: _____ By: _____
State Farm Representative

Location: Opeka Auto Repair Company, Inc.
440 Valley Brook Road
McMurray, PA 15317

Telephone: 724-941-6608

Fax: 724-941-6693

I authorize(d) Opeka Auto Repair to estimate and repair my vehicle, unless it is an
(Service First repairer)
economic total loss.

X

Vehicle Owner's Signature

Date

I have received a copy of the initial and final automated repair estimate.

I authorize State Farm to pay Opeka Auto Repair \$ _____ on my behalf.
(Service First repairer)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

X

Vehicle Owner's Signature

Date

I certify that repairs have been completed as indicated on the final automated repair estimate.

Repairer's signature

Date

Form must be retained in repairer's records for at least 6 months, or as required by State regulations.